

High Quality Home Care Ltd

# Right at Home Barnet and Edgware

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Right at Home Barnet and Edgware is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to adults, some of whom live with dementia and/or may have a sensory impairment or physical disability. It is a franchisee of Right at Home UK.

Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection there were thirteen people receiving assistance with their personal care.

### People's experience of using this service and what we found

Systems were in place to safeguard people from abuse and to make sure people were treated with respect and dignity.

People told us that they were treated well by staff and felt safe when receiving care and support. They had the office contact details and were confident that any concerns they raised would be dealt with appropriately and quickly.

Risks to people's safety were assessed and personalised guidance minimised the risk of people being harmed.

People and relatives told us that there had been no issues with punctuality or missed care calls.

People made decisions about their care. Their care plans were up to date and personalised.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The registered manager and other staff supported people to access healthcare services. They worked well with healthcare and social care professionals to provide people with effective care and support.

Staff participated in the regular COVID-19 testing and vaccination programme.

There were quality assurance systems in place to identify and address any shortfalls and to make improvements to the service.

People and their relatives were provided with a range of opportunities to feedback about their experience of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 12 June 2018).

#### Why we inspected

We received concerns in relation to medicines, infection control, staff training, and management. As a result, we undertook a focused inspection to review the key questions of Safe, Effective and Well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key question. We therefore did not inspect these. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service remains good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Right at Home Barnet and Edgware on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information, we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Right at Home Barnet and Edgware

## **Detailed findings**

## Background to this inspection

### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

### Inspection team

The inspection was carried out by one inspector.

### Service and service type

Right at Home Barnet and Edgware is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

### Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider would be in the office to support the inspection. Inspection activity started on 29 April 2021 and ended on 4 May 2021. We visited the office location on 29 April 2021.

### What we did before the inspection

Before the inspection we looked at information we held about the service. This information included the last inspection report, feedback we had received about the service and any statutory notifications that the provider had sent to the CQC. Statutory notifications include information about important events which the provider is required to send us by law. This information helps support our inspections.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

#### During the inspection

We spoke with the managing director/registered manager, deputy manager, training and office manager, coordinator, recruiter, and the quality and compliance manager. We reviewed a range of records which related to people's individual care and the running of the service. These records included five people's care files, six staff records, policies, medicine administration records and a range of records relating to the management and quality monitoring of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. The registered manager provided us with staff training records, quality assurance audits, one care plan, minutes of staff meetings and other documentation to do with the management and running of the care agency.

We spoke with two people using the service, ten relatives and received verbal or written feedback from eight care staff. Three social care professionals provided us with some feedback about their contact with the agency.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe when receiving care and support from care staff. One person told us, "I feel safe, if I didn't, I would ring the office." Relatives informed us that they felt people were treated well by staff but would report any concerns to management staff.
- Staff received training about safeguarding adults. They were knowledgeable about types of abuse and all the staff we spoke with knew they needed to report allegations and suspicion of abuse to management staff without delay. Most staff knew that they needed to report to the host local authority and the CQC if management did not do so. However, there were some staff who were not aware this, or needed prompting before telling us. The registered manager told us that staff would be reminded of the safeguarding procedures.
- Staff were aware of whistleblowing procedures. They all told us that they would report incidents of staff poor practice to management, who they were confident would take appropriate action. Records confirmed this. A senior member of staff told us, "Being open and transparent is important. We want carers to come to us with concerns, it is important to listen and deal with issues as quickly as possible."

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed. Risk assessments were personalised and regularly reviewed. They included detailed guidance for staff to follow to keep people safe and minimise the risk of them being harmed, such as from falling. Staff were familiar with people's risk assessments.
- Staff told us they reported any changes in people's needs to management staff. One staff told us about the importance of reporting changes in people's skin condition, so that action could be promptly taken to minimise the risk of a pressure ulcer. Records showed that changes in people's health had been reported to management who had been responsive by contacting the person's relatives and/or informing their GP. Comments from relatives included, "They [staff] listen. They notice things and tell me." "I feel [person is in good hands]" and "Staff are very good at observing changes."
- Staff received training in safe moving and handling of people.
- Some people received 'live in' care. There were systems in place to ensure staff received the support, guidance and breaks they needed to provide effective care and keep people safe.

Staffing and recruitment

- Systems were in place to ensure appropriate checks of new staff were carried out to ensure that only suitable staff were employed to care for people. A range of checks were completed. These included obtaining references and undertaking a criminal record check to find out whether a prospective employee had been barred from providing a regulated activity such as personal care to adults.
- Audits of staff personnel files had been carried out to check that recruitment policies and procedures had

been followed.

- Where possible people were supported by regular staff who knew them well. Relatives spoke of how important this was to people. One relative told us, "New faces can be a bit worrying for [person]."
- Management staff informed us that they did their best to match people with staff who had similar interests. We were provided with examples of people receiving care and support from staff who spoke the person's preferred language. This has a positive impact in meeting their communication needs and enhancing their well-being.
- People and their relatives told us that staff mostly arrived on time and always stayed the agreed amount of time. They told us they understood that traffic could lead to staff being sometimes a few minutes late. No people or relatives complained of any missed calls.

#### Using medicines safely

- There were policies and procedures to make sure people's medicines were administered safely.
- People's medicines care plans included detailed personalised guidance about their medicines. People told us they received the support they needed with their medicines. One person told us that staff reminded them to take their medicines.
- Electronic medicines administration (MAR) records showed that people received the medicines they were prescribed. Gaps in MARs had been investigated and action taken to minimise it happening again. For example, two gaps in one person's MAR record had been shown to have been caused by a member of staff not logging out of the electronic care system, not that they hadn't received the medicines they were prescribed. The member of staff had been reminded to always log out.
- Staff had received medicines training and had their competency to administer medicines assessed. Spot check visits by senior staff included checking that care staff managed and administered people's medicines safely.
- One relative spoke highly of the support that a person had received from the deputy manager in communication with a pharmacist to resolve an issue to do with the person's medicines.

#### Preventing and controlling infection

- The provider had suitable systems, procedures and policies in place for the control and prevention of COVID-19 and other infections.
- The provider ensured that there was enough stock of personal protective equipment (PPE) including disposable face masks, aprons and gloves. Care staff were provided with the PPE they needed and had received training about wearing and disposing of it safely. People and relatives told us that staff wore PPE.
- Spot checks carried out by senior staff included checks as to whether staff were wearing PPE correctly. Records of these checks showed that a member of staff had been reminded to wear their mask correctly. Another spot check had later been carried at the same person's home to check that PPE guidance was being followed by staff appropriately and safely.
- Staff had received infection, prevention and control training. They were aware of the importance of washing their hands, keeping high touch surfaces and equipment clean to minimise the risk of infection.
- During the COVID-19 pandemic the provider had identified and supported staff who had underlying health conditions and those that needed to shield. However, risk assessments of characteristics/factors that affected staff's risk from COVID-19 had not been completed. These were completed promptly during and following the inspection.

#### Learning lessons when things go wrong

- There were systems in place to identify when things had not gone quite so well. Lessons were learned, shared amongst the staff team and improvements were put in place to prevent them happening again.
- Incidents and complaints were monitored closely by the franchisor's operations staff. The quality and

compliance manager told us that a new system that better identified patterns and trends was in the process of being implemented.

- Care staff told us that they would report any accidents and incidents to management staff.
- During spot checks people and care staff were asked by a senior member of staff if they had any concerns to do with the service that they wished to raise. Action had been taken to address issues, and make improvements when needed.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed and reviewed to ensure they received personalised care and support. People and relatives confirmed that an initial needs assessment had been carried out. One relative told us that they had been asked "lots of questions" about a person's needs and preferences.
- People's care plans were personalised and included detailed guidance for staff to follow to ensure people's individual needs and choices were met.
- People told us staff listened to them and fully involved them in decisions to do with their care. One person told us they received care and support from a regular care worker who understood their health and care needs. They told us, "They (care staff) do the things that I want. They listen." One relative told us, "They [staff] review [person's] care. [Person] is in good hands."
- Care staff told us that they received the information they needed to provide the care and support people needed and wanted. They told us they always read people's care plans before carrying out visits. One care staff told us that if they had any queries about people's care, they contacted the deputy manager to obtain further details and guidance.

Staff support: induction, training, skills and experience

- Care staff told us they had received an induction before they started to undertake visits. Records we looked at showed that staff had completed a comprehensive induction that included 'shadowing' more experienced staff, training and competency checks. Care staff had also completed the Care Certificate (qualification in an agreed set of care standards).
- Care staff mostly spoke very positively about their induction and of how well it prepared them for understanding and carrying out their role and responsibilities. Some staff feedback indicated that they felt that their induction during the pandemic could have been more personalised, such as providing more support and information where staff's experience was possibly less than others.
- The training and office manager told us that COVID-19 had led to less face to face contact with staff during their induction and training. Although staff we spoke with understood that COVID-19 had impacted on spot checks, face to face supervision and training, some had found these changes difficult to adapt to. There had been communication from management via email and some learning and meetings via video calls, however, some staff told us they felt that there could have had more contact from management checking on their well-being. The registered manager acknowledged this feedback and told us they would look at any learning and/or where improvements could be made.
- Care staff told us they had been shown what to do during their first visits to people using the service. Staff told us they contacted office staff when they needed advice or information. One staff told us the office staff "always say call us anytime if you are not sure of something".

- Staff told us they received the training they needed, which was appropriate to their role and responsibilities. They told us they were reminded to complete refresher training. Specialist training to meet people's individual healthcare needs and medical conditions was provided. One care staff told us, "The training staff were excellent towards my disability and very encouraging and helpful and kind assisting me with my training."
- Records of staff supervision and spot checks showed that a range of matters to do with the service, such as policies and procedures, training and people's care, had been discussed with care staff.
- People and relatives told us they found staff to be competent. One person told us, "They [staff] seem to know what they are doing. Relatives told us, "They [staff] understand my [relative]", "They get on well with [person]" and "No one has turned up not having a clue. They are really good".

Supporting people to eat and drink enough to maintain a balanced diet

- All the staff we spoke with were knowledgeable about the importance of people having a good balanced diet and enough to drink. They told us about how they always ensured that people were provided with drinks during their visits and any support they needed with meals. One person's nutrition and hydration care plan showed that staff had been responsive to the person's change in appetite. A care staff told us, "I always make sure my client has a healthy breakfast/lunch/dinner and fluids to drink and will encourage them if they do not feel like eating or drinking."
- People told us that they could choose what to eat and that staff understood their dietary needs and preferences. Staff spoke of providing a people with meals that met their individual cultural and religious dietary needs.
- We were provided with several examples of how staff had supported people to have better nutrition and nicer meals. One care staff had suggested to a person that they had a hot home cooked meal for lunch instead of sandwiches. This had led to a positive impact on the person who not only enjoyed their hot lunch but had been supported to participate in preparing the meal.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's care plans included a detailed record of people's health conditions and guidance about how to manage these. We were provided with several examples where staff had supported people to access healthcare services when there had been changes in their healthcare needs.
- People's relatives spoke highly of the support people had received with accessing a healthcare service. One relative spoke of the positive impact that had had not only on the person's well-being but on their own.
- Staff knew when to request emergency healthcare services support, such as following a person's fall, or significant unexpected deterioration in a health condition.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People who had a lasting power of attorney appointed through the Court of Protection, had decisions made for them that were in their best interest, such as for finances and health matters.
- Staff were aware that a decision could be made in a person's best interest when they lacked the mental capacity to make it themselves.
- People told us that they felt staff listened to them and respected the choices they made about their care and support. These choices included what they wanted to eat, and wear. Staff confirmed that they always asked for people's agreement before assisting them with personal care and other tasks.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us they felt that care staff and management staff were approachable, and they could speak with them about any matters to do with the care they received. People and relatives provided us with examples where they had contacted the agency about issues, and these had been responded to appropriately. One person told us, "I can contact the office any time, "They [office staff] are polite and friendly." A relative told us, "If there is an issue, I call the office. They deal with it."
- People and relatives told us management staff listened to them and communicated with them about changes to do with the service. One relative told us, "If there is a staff change, they let me know."
- People and their relatives told us they would recommend the agency. They spoke of the agency being very flexible, often at short notice changing visit times to enable a hospital appointment or other event to take place.
- Records showed that the agency had received several compliments about the care and support people had received from the care agency.
- We were provided with several examples of where staff had achieved good outcomes for people. Staff had organised birthday celebrations for people and supported them to do activities they enjoyed, such as playing board games, cooking and getting their hair and makeup done.
- People's relatives spoke highly about the staff, one relative described one care worker as "amazing" other comments included, "All [staff] have been good," and "They [care staff] are very kind. They are so helpful and good."
- Relatives told us they had access to their loved one's electronic care records, which they found helpful in monitoring the person's care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the need to be open and honest and when they had to notify the CQC and other agencies of significant events and/or incidents to do with the service.
- All the staff we spoke with understood the importance reporting concerns to management staff and speaking up about poor practice and/or when something goes wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- All the staff we spoke with were clear about their roles and responsibilities. They spoke of enjoying their job caring for people. One staff told us, "I am so happy doing this work." Another care staff said, "I treat my clients as how I want to be treated if I were a client."
- There were systems in place to monitor and improve the quality of care people received. These included regular comprehensive audits carried out by the franchisor's quality and compliance manager. Checks on records, staff training and spot checks to identify shortfalls and drive improvement were also carried out. Relatives told us, "They [senior staff] do checks on staff," and "They ask for feedback especially when there is a new carer. They ask what I think of them."
- People, their relatives and staff were provided with the opportunity to complete an annual feedback survey. Recent surveys had been carried out. These included positive feedback about the agency. Action plans in response to these surveys were in the process of being developed.
- People and relatives told us that there was good communication with the office management staff. Comments included, "Communication is fantastic." "They send a schedule, so I know who is coming."
- A range of matters were discussed during staff meetings, spot checks and one to one supervision. These included, nutrition and hydration, medicines personal care, people's health, whistleblowing and COVID-19 guidance.
- Staff told us they had received equality and diversity learning. They had a good knowledge and understanding of respecting peoples' differences. Staff spoke of celebrating religious festivals with people and of preparing meals that met people's religious and cultural needs and preferences. One person had their care plan written in the language they communicated in.
- People and staff's sensory needs were understood and supported by management. For example, staff ensured people's hearing aids had batteries so that they were always in working order.
- Staff had been supported to receive the COVID-19 vaccination and weekly testing.

#### Continuous learning and improving care

- The franchisor supported the registered manager to keep up to date with government guidance, policies and other relevant information, and to make improvements when needed so people received effective and safe care.
- The registered manager spoke positively of taking part in meetings with other franchisee managers, where good practice was shared.
- Staff told us they had been kept well informed about COVID-19 guidance during the pandemic.
- Records showed that learning from incidents and other issues were shared with staff. A range of matters including good practice, policies and training had been discussed with staff during staff meetings, spot checks and supervision.
- The registered manager told us that there had been regular communication with staff about the correct and safe way to wear and manage PPE.
- The host local authority had provided learning and support sessions via video calls on a range of topics including COVID-19.

#### Working in partnership with others

- Management staff worked with others including people's GPs, hospital discharge teams, pharmacists, social workers, community nurses and the local authority's safeguarding team.
- Guidance and involvement from health professionals were promptly sought when needed. For example, the agency had worked with a district nurse to ensure care staff received training to meet one person's particular healthcare needs.
- Healthcare and social care professionals were positive about the communication that they had with management staff.

